

**RANGE DETERMINATION
WORKSHEET- NO FIREARM**

c-9



FS LAB # _____

EXAMINER/DATE _____

Item # _____ Cont. # Description _____

Evidence Condition/Description _____

Mark of ID & Location _____

Visual Exam:

Holes, tears, cuts _____

Soot, gunpowder _____

Blood, soiling _____

Other _____

Microscopic Exam:

Gunpowder _____

Burnt, melted fibers _____

Lead Shavings _____

Other _____

Chemical Exam:

Test type _____

Positive control _____

Negative control _____

Pattern dimensions _____

Results of examinations:

Remarks: